



STATE OF MARYLAND

DHMH

## Maryland Department of Health and Mental Hygiene

Office of Health Care Quality

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Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

To: Long Term Care Providers and Assisted Living Facilities

From: Nancy Grimm, RN, JD <sup>NBG</sup>  
Director, Office of Health Care Quality

Date: November 15, 2010

Re: Emergency Preparedness Plan Update

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This transmittal serves as a reminder to review your Emergency and Disaster Plans as they pertain to your facilities. It is expected that all providers review and update their plans, including procedures for:

- Evacuation, transportation or shelter in place;
- Notifying families of actions that may be taken to keep residents safe, including a summary of emergency provisions and possible evacuation procedures;
- Continuity of operations (72 hour supply rule);
- Locating and identifying residents during displacement, including sending a brief medical fact sheet with each resident; and
- Establishing an emergency planning liaison and providing that contact information to the local emergency management.

These plans must include immediate notification to the Office of Health Care Quality (OHCQ) of any situations that could impact the health, safety, and/or well being of your residents or the operation of your facility. Types of issues could include, but are not limited to, the failure of cooling or heating systems, power outages, water outages, and/or problems associated with generators. Should you have general questions about emergencies or emergency planning in your region, you should contact your local emergency management agency. Should your facility experience a problem, you must contact Michael Cook, OHCQ's Environmental Safety Officer, at (443) 938-3748, as well as your emergency management agency. Failure to notify these agencies promptly may result in sanctions and/or disciplinary actions from the Department.

Please refer to attached FAQ's and the applicable regulations for your consideration.



## FAQ's:

1. *How will the surveyors evaluate whether 72 hours of supplies are present?* Experts say that because individuals' needs vary, there is no precise formula or calculation. OHCQ surveyors will anticipate the facility being able to demonstrate that it has conducted an assessment of its needs per patient per day and accumulated those resources.
2. *What proof is required of an agreement with a transportation source or alternate shelter?* OHCQ expects facilities to use due diligence and all reasonable efforts to procure transportation and alternate shelter agreements in the event that a facility must evacuate. However, we understand that it may be difficult to procure actual contracts to cover all contingencies. While a written contract would be optimal proof to "document an agreement," proof could be in the form of a note in the file verifying communications with transport companies or alternate sources of shelter. The note should clearly state whether the facility was able to reach any agreements for transportation or shelter and the extent of those agreements and any contingencies attached to the agreement. Again, OHCQ expects reasonable efforts and due diligence by the facility in procuring contracts. If a facility is unable to procure a contract, a note should be in the record of the facility's attempts to procure contracts. In addition, facilities should register with FRED, which is Maryland's Facility and Resource Database. In the event of an emergency, FRED will alert registered facilities on available beds throughout the system.
- 3) *What is meant by a "brief medical fact sheet?"* In the event of an emergency, it will be important for facilities receiving patients to quickly access basic information such as contact persons, medications, and allergies. During a disaster, a receiving facility (which may not even be a health care facility) will not have the time to look through a resident's chart to locate this information. It may not be possible to access information via the internet or telephone. Therefore, we will require a brief summary of the listed information on a sheet of paper, updated and readily available in the event of an emergency. If the facility has a face sheet for its chart containing the information listed in the regulation, then a copy of that face sheet (stored with other face sheets for easy transport) should suffice.
- 4) *How should we provide contact information to the Local Emergency Management Organization, as required by the new regulations?* We have confirmed that MIEMSS and MEMA will share information from FRED with the local emergency management agencies. Therefore, a facility which has registered with FRED will have met this requirement. An application to enroll is attached. Once registered, you will receive a user's guide from MIEMSS.
- 5) *When will surveyors expect to see emergency plans and supplies consistent with these new requirements?* Emergency plans are currently required under State regulation. However, we understand that it may take time to collect supplies, expand plans and prepare summaries in conformance with the new requirements in the enhanced regulations. Surveyors will anticipate full compliance with aspects of these regulations which are new by August 1, 2009.

6) *What resources are available to assisted living homes on the subject of emergency planning?*

You may visit the assisted living unit web-site at:

[http://dhmh.state.md.us/ohcq/download/alforms/emergency\\_Preparedness\\_forms.pdf](http://dhmh.state.md.us/ohcq/download/alforms/emergency_Preparedness_forms.pdf) for a list of emergency plans as one option that will satisfy minimum requirements for complying with these regulations. There are also resources available to facilities from national associations on developing emergency and disaster plans. Resources include:

- American Association of Homes and Services for the Aging, [www.aahsa.org](http://www.aahsa.org). Resources can be found under “Quality First”, “Resources”, “Governance and Accountability”.
- American Health Care Association, [www.ahcancal.org](http://www.ahcancal.org). Resources can be found under “Facility Operations”.

Facilities may also want to check with state associations, such as LifeSpan/The Beacon Institute, [www.lifespan-network.org](http://www.lifespan-network.org); and the Health Facilities Association of Maryland, [www.hfam.org](http://www.hfam.org), for any seminars on emergency and disaster planning being offered.

Enclosures: COMAR 10.07.14.46  
Application, FRED

**Transmittal No: AL-09-06**

**.46 Emergency Preparedness.****A. The facility shall comply with:**

- (1) All applicable local fire and building codes; and
- (2) The Life Safety Code, NFPA 101, including Chapter 24 of NFPA 101 if the facility is a one or two family dwelling as defined by NFPA 101.

**B. Fire Extinguishers. An assisted living program shall:**

- (1) Ensure that fire extinguishers are:
  - (a) Located on each floor and adjacent to, or in, special hazard areas, such as:
    - (i) Furnace rooms;
    - (ii) Boiler rooms;
    - (iii) Kitchens; or
    - (iv) Laundries;
  - (b) Of standard and approved types; and
  - (c) Installed and maintained to be conveniently available for use at all times; and
- (2) Initially and at least annually instruct staff in the use of fire extinguishers.

**C. Emergency and Disaster Plan.**

(1) The assisted living program shall develop an emergency and disaster plan that includes procedures that shall be followed before, during, and after an emergency or disaster, including:

- (a) Evacuation, transportation, or shelter in-place of residents;
- (b) Notification of families and staff regarding the action that will be taken concerning the safety and well-being of the residents;
- (c) Staff coverage, organization, and assignment of responsibilities for ongoing shelter in-place or evacuation, including identification of staff members available to report to work or remain for extended periods; and
- (d) The continuity of services, including:
  - (i) Operations, planning, financial, and logistical arrangements;
  - (ii) Procuring essential goods, equipment, and services to sustain operations for at least 72 hours;
  - (iii) Relocation to alternate facilities or other locations; and
  - (iv) Reasonable efforts to continue care.

(2) The licensee shall have a tracking system to locate and identify residents in the event of displacement, an emergency, or a disaster that includes at a minimum the:

- (a) Resident's name;
- (b) Time that the resident was sent to the initial alternative facility or location; and
- (c) Name of the initial alternative facility or location where the resident was sent.

(3) When the assisted living program relocates residents, the program shall send a brief medical fact sheet with each resident that includes at a minimum the resident's:

- (a) Name;
- (b) Medical condition or diagnosis;
- (c) Medications;
- (d) Allergies;
- (e) Special diets or dietary restrictions; and
- (f) Family or legal representative contact information.

(4) The brief medical fact sheet for each resident described in §C(3) of this regulation shall be:

- (a) Updated upon the occurrence of change in any of the required information;
- (b) Reviewed at least monthly; and
- (c) Maintained in a central location readily accessible and available to accompany residents in case of an emergency evacuation.

(5) The licensee shall review the emergency and disaster plan at least annually and update the plan as necessary.

(6) The licensee shall:

- (a) Identify a facility, facilities, or alternate location or locations that have agreed to house the licensee's residents during an emergency evacuation; and
- (b) Document an agreement with each facility or location.

(7) The licensee shall:

- (a) Identify a source or sources of transportation that have agreed to safely transport residents during an emergency evacuation; and
- (b) Document an agreement with each transportation source.

(8) Upon request, a licensee shall provide a copy of the facility's emergency and disaster plan to the local emergency management organization for the purpose of coordinating local emergency planning. The licensee shall provide the emergency and disaster plan in a format that is mutually agreeable to the local emergency management organization.

(9) The licensee shall identify an emergency and disaster planning liaison for the facility and shall provide the liaison's contact information to the local emergency management organization.

(10) The licensee shall prepare an executive summary of its evacuation procedures to provide to a resident, family member, or legal representative upon request. The executive summary shall, at a minimum:

- (a) List means of potential transportation to be used in the event of evacuation;
- (b) List potential alternative facilities or locations to be used in the event of evacuation;
- (c) Describe means of communication with family members and legal representatives;
- (d) Describe the role of the resident, family member, or legal representative in the event of an emergency situation; and

(e) Notify families that the information provided may change depending upon the nature or scope of the emergency or disaster.

D. Evacuation Plans. The facility shall conspicuously post individual floor plans with designated evacuation routes on each floor.

E. Orientation and Drills.

(1) The licensee shall:

(a) Orient staff to the emergency and disaster plan and to their individual responsibilities within 24 hours of the commencement of job duties; and

(b) Document completion of the orientation in the staff member's personnel file through the signature of the employee.

(2) Fire Drills.

(a) The assisted living program shall conduct fire drills at least quarterly on all shifts.

(b) Documentation. The assisted living program shall:

(i) Document completion of each drill;

(ii) Have all staff who participated in the drill sign the document; and

(iii) Maintain the documentation on file for a minimum of 2 years.

(3) Semiannual Disaster Drill.

(a) The assisted living program shall conduct a semiannual emergency and disaster drill on all shifts during which it practices evacuating residents or sheltering in-place so that each is practiced at least one time a year.

(b) The drills may be conducted via a table-top exercise if the program can demonstrate that moving residents will be harmful to the residents.

(c) Documentation. The assisted living program shall:

(i) Document completion of each disaster drill or training session;

(ii) Have all staff who participated in the drill or training sign the document;

(iii) Document any opportunities for improvement as identified as a result of the drill; and

(iv) Keep the documentation on file for a minimum of 2 years.

(4) The licensee shall cooperate with the local emergency management agency in emergency planning, training, and drills and in the event of an actual emergency.

F. Emergency Electrical Power Generator.

(1) Generator Required. By October 1, 2009, an assisted living program with 50 or more residents shall have an emergency electrical power generator on the premises, unless the program meets the requirements of §F(7) of this regulation.

(2) Generator Specifications. The power source shall be a generating set and prime mover located on the program's premises with automatic transfer. The emergency generator shall:

(a) Be activated immediately when normal electrical service fails to operate;

(b) Come to full speed and load acceptance within 10 seconds; and

(c) Have the capability of 48 hours of operation of the systems listed in §F(5) of this regulation from fuel stored on-site.

(3) Test of Emergency Power System.

- (a) The program shall test the emergency power system once each month.
- (b) During testing of the emergency power system, the generator shall be exercised for a minimum of 30 minutes under normal emergency facility connected load.
- (c) Results of the test shall be recorded in a permanent log book that is maintained for that purpose.
- (d) The licensee shall monitor the fuel level of the emergency generator after each test.

(4) The emergency power system shall provide lighting in the following areas of the facility:

- (a) Areas of egress and protection as required by the State Fire Prevention Code and Life Safety Code 101 as adopted by the State Fire Prevention Commission;
- (b) Nurses' station;
- (c) Drug distribution station or unit dose storage;
- (d) An area for emergency telephone use;
- (e) Boiler or mechanical room;
- (f) Kitchen;
- (g) Emergency generator location and switch gear location;
- (h) Elevator, if operable on emergency power;
- (i) Areas where life support equipment is used;
- (j) If applicable, common areas or areas of refuge; and
- (k) If applicable, toilet rooms of common areas or areas of refuge.

(5) Emergency electrical power shall be provided for the following:

- (a) Nurses' call system;
- (b) At least one telephone in order to make and receive calls;
- (c) Fire pump;
- (d) Well pump;
- (e) Sewerage pump and sump pump;
- (f) If required, for evacuation purposes an elevator;
- (g) If necessary, heating equipment needed to maintain a minimum temperature of 70°F (24°C) in all common areas or areas of refuge;
- (h) Life support equipment; and
- (i) Nonflammable medical gas systems.

(6) Common Areas or Areas of Refuge. If the emergency power system does not provide heat to all resident rooms and toilet rooms, the program shall provide common areas or areas of refuge for all residents. The areas shall meet the following requirements:

- (a) The common area or areas of refuge shall maintain a minimum temperature of 70°F (24°C);
- (b) Heated toilet rooms shall be provided adjacent to the common areas or areas of refuge; and



(c) The program facility shall provide to the Department a written plan that defines the:

- (i) Specified common areas or areas of refuge;
- (ii) Paths of egress from the common areas or areas of refuge; and
- (iii) Provision for light, heat, food service, and washing and toileting of residents.

(7) Applicability of Emergency Power Requirements.

(a) Within 36 months of the effective date of this chapter, existing programs with 50 or more beds shall complete the installation and acceptance of a working system as required in this regulation.

(b) An assisted living program shall be exempt from the requirements of §F of this regulation if the program can safely transfer residents through an enclosed corridor to a building that is equipped with an electrical power generator that satisfies the requirements of §E of this regulation.

(c) An assisted living program may request a waiver from the requirements of §F of the regulation in accordance with the procedures outlined in COMAR 10.07.14.08 on a year-to-year basis. The program shall demonstrate in the waiver request financial hardship that would adversely affect the program's viability.

(d) When the Department grants a waiver to an assisted living program for the requirements of §F of this regulation, the assisted living program shall:

- (i) Disclose in writing to current and prospective residents that the program does not have an emergency generator; and
- (ii) Develop a plan to follow in the event of a loss of electrical power